

APPLICATION FOR RECORDS DISPOSITION STANDARD

INSTRUCTIONS: Prepare in duplicate and forward to the Records Management Analyst, Management Systems Division

3. Dept., Division, Subdivision & Administering Office Address Planning & Public Affairs Community Relations 401 West Peachtree Street 2200 Peachtree Summit Building Atlanta, Georgia 30308		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed NOV 30 1978 78-290 DEC 4 1978	
		1. Application	2. Dept. Application No.
4. Person to Contact Ms. Helen Miller		5. Working Title Secretary	
		6. Telephone Number 586-5077	
7. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
8. Dates of Series Earliest Latest Present		9. Records Series Title (followed by title used in office, if different) Community Relations Reference Publications	
10. Division and Office Function What is the function of the Division and the Office in which this record series is created?			
11. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Establishing and implementing Community Relations programs and activities Included are: Books, booklets and pamphlets related to Community Relations programs and activities. Not included are publications developed and prepared by MARTA. File is arranged: Alphabetically by title of publication			
12. Monthly Reference Rate How often are records referred to which are: One to six months old <u>15</u> ; Seven to twelve months old <u>8</u> ; Thirteen to twenty-four months old <u>2</u> ; twenty-five months and older <u>0</u> ?			
13. Annual Rate of Accumulation of Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves <u>2</u> ; Other (specify) _____			

YES	NO	14. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

15. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>10 years</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

16. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☒ Transfer to local holding area; hold 8 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

(Indicate briefly rationale for recommendations above/or write additional remarks):

17. APPROVALS

Approved _____ Department Records Management Officer Date <u>11/21/78</u>	Approved _____ Legal Counsel Date <u>11/27/78</u>
Approved _____ Division Head/Designee Date <u>11/21/78</u>	Approved _____ Division of Audit Date <u>11/27/78</u>
Approved _____ Department Head/Designee Date <u>11/21/78</u>	Approved _____ Department of Archives and History Date <u>12-4-78</u>
Approved _____ Records Management Analyst Date <u>11/22/78</u>	Approved _____ MARTA Management Advisory Committee Date _____